

HAWAII INSURANCE DIVISION ————— NOTICE OF APPOINTMENT

APPOINTER Full and exact name as shown on License:	
HI License Number:	HI Vendor ID, SSN, FEIN, NPN or NAIC Co. Code:
APPOINTEE Full and exact name as shown on License:	
HI License Number:	HI Vendor ID, SSN, FEIN or NPN:

TO THE INSURANCE COMMISSIONER OF THE STATE OF HAWAII:

That pursuant to the laws of the State of Hawaii, the above-named Appointer does hereby appoint, pursuant to Hawaii Revised Statutes §431:9A-114, the above-named Appointee.

Select class(es) of insurance:		
Producer, Managing General Agent, Reinsurance Intermediary	Limited Lines Producer	Limited Lines Motor Vehicle Rental Company Producer
<input type="checkbox"/> Life ¹ <input type="checkbox"/> Accident and Health or Sickness <input type="checkbox"/> Casualty <input type="checkbox"/> Marine <input type="checkbox"/> Property <input type="checkbox"/> Surety <input type="checkbox"/> Vehicle <input type="checkbox"/> Title	<input type="checkbox"/> Credit Life <input type="checkbox"/> Credit Disability <input type="checkbox"/> Credit Property <input type="checkbox"/> Credit Involuntary Unemployment <input type="checkbox"/> Travel Disability <input type="checkbox"/> Travel Baggage <input type="checkbox"/> Vending Machine – Travel Baggage <input type="checkbox"/> Vending Machine – Travel Disability <input type="checkbox"/> Homeowners – Non-Commercial <input type="checkbox"/> Vehicle – Non-Commercial <input type="checkbox"/> Newspaper Accident & Sickness	<input type="checkbox"/> Emergency Sickness Protection Program <input type="checkbox"/> Incidental Travel <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Personal Accident Insurance <input type="checkbox"/> Personal Effects Insurance <input type="checkbox"/> Roadside Assistance <input type="checkbox"/> Underinsured Motorist Insurance <input type="checkbox"/> Uninsured Motorist Insurance <input type="checkbox"/> Vehicle Related Coverage

This appointment will be in force until either party terminates the appointment in compliance with Hawaii Revised Statutes §431:9A-115.

Signature of Appointer ²	Print name of signer	Date signed
Signature of Appointee ²	Print name of signer	Date signed

¹Life appointment includes Variable Annuities if both appointer and appointee are licensed/qualified for Variable Annuities.

²For individual licensee, the individual must sign. For agency, the Designated Representative named on the license must sign. For insurer, anyone authorized to sign on behalf of the company.

*Submit one complete and signed form per appointment. An incomplete form will be rejected and returned to appointer.

*To confirm that this appointment was approved please see our website, <http://www.ehawaii.gov/org/serv/hils>.

Effective March 1, 2005, the Hawaii Insurance Division will no longer mail confirmation letters.

FOR STATE USE ONLY		
FORM APPT (Rev. 2/2005)	Licensing Clerk	Appt Effective Date